



***This form cannot be used to renew your license.**

REQUEST FOR DUPLICATE CERTIFICATE
\$60 per Certificate

CHECK REQUESTED CERTIFICATE(S) BELOW:

LICENSE/CERTIFICATE TYPE	Certificate				
Registered Nurse (RN)	<input type="checkbox"/>				
Nurse Anesthetist (NA)	<input type="checkbox"/>				
Nurse Practitioner (NP)	<input type="checkbox"/>				
Nurse Midwife (NMW)	<input type="checkbox"/>				
Clinical Nurse Specialist (CNS)	<input type="checkbox"/>				
Furnishing Number (NPF)	<input type="checkbox"/>				
Furnishing Number (NMF)	<input type="checkbox"/>				
Public Health Nurse (PHN)	<input type="checkbox"/>				
Psychiatric Mental Health Nurse (PMH)	<input type="checkbox"/>				
Continuing Education Provider (CEP)	<input type="checkbox"/>				
Retired Certificate: Each retired certificate is a separate fee	RN	NA	NP	NMW	CNS
	NPF	NMF	PHN	PMH	
TOTAL FEE ENCLOSED:	_____				

PLEASE PRINT OR TYPE:

First Name:	Middle Name:	Last Name:
RN License or CEP Number:		Date of Birth: (MM/DD/YYYY)

Reason for Request:

PERSONAL ATTESTATION:

I certify under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license or certificate by the Department of Consumer Affairs.

Signature of Applicant: _____ Date: _____